



Thank you for allowing us to care for your dog while you are away. This packet includes all of the forms and information necessary to help ensure a safe and enjoyable stay for your pooch. In order to speed up the check-in process, please bring the completed forms with you when you check-in. Please allow 10-15 minutes for check-in. This will give us enough time to ensure your dog will have all of his needs met while in our care.

○ **Service Menu**

Please choose the options you would like for your dog; type of suite, package or other a la carte services.

○ **Emergency Contact Form**

Please provide at least two local emergency contacts.

○ **Medication Authorization Form**

If necessary, in order to ensure proper administration of medications.

○ **Feeding Instructions**

Please be as detailed as necessary. We want your dogs' meals to be as accurate and consistent as possible.

○ **Dog Walking Release Form**

This form is necessary if you would like your dog walked during his stay.

You will also need to bring the following:

- **Food:** Meals should be pre-bagged per serving and labeled with your dog's name. Downtown Dogs staff is happy to bag your dog's food for a minimal charge. For guests staying 2 weeks or longer, a *sealed* food container is acceptable for any days exceeding 14.
- **Bedding** (Optional): A comfy bed will be provided if one is not brought from home.
- **Toys/Personal Items** (Optional): Please limit to (2) items that can be safely enjoyed with limited supervision. (Note: Due to safety concerns, we will not accept rawhide chews or greenies.)
- **Medications** (If Necessary): Please keep all medications in the prescribed containers.
- **Current Vaccination Certificate:** If your dog has received any vaccinations since his last visit **If you have any questions or concerns, please don't hesitate to call us at 408-287-2267.**



Overnight Services

Dogs Name:		Clients Name:			
Check In Date:	Check Out Date:	P/U Time:	AM/PM	<input type="checkbox"/> Use Daycare Package	
VIP (Very Important Pooch)					
Snuggle Time \$10 Y/N <input type="checkbox"/> Daily <input type="checkbox"/> Every Other Day Dates:		Activity Time \$13 Y/N <input type="checkbox"/> Daily <input type="checkbox"/> Every Other Day Dates:		Training Time \$15 Y/N <input type="checkbox"/> Daily <input type="checkbox"/> Every Other Day Dates:	
				<input type="checkbox"/> Brain Games <input type="checkbox"/> Agility <input type="checkbox"/> Obedience Walk \$22 <input type="checkbox"/> Daily Dates:	
Turn Down Service \$15 Y/N <input type="checkbox"/> Daily <input type="checkbox"/> Every Other Day Dates:		Pup Dates \$8 Y/N <input type="checkbox"/> Daily <input type="checkbox"/> Every Other Day Dates:		Grooming	
				<input type="checkbox"/> Bath (S-25, M-40, L-50) <input type="checkbox"/> Special Shampoo <input type="checkbox"/> Nail Trim <input type="checkbox"/> Nail Grinding Dates:	
				<input type="checkbox"/> Ear Cleaning <input type="checkbox"/> Eye Cleaning <input type="checkbox"/> Teeth Brushing	
Treats					
Kongs/Pupsicles Y/N <input type="checkbox"/> Daily <input type="checkbox"/> Every Other Day Dates:		Meal Toppers Y/N <input type="checkbox"/> Peanut Butter \$6 <input type="checkbox"/> Cream Cheese \$6 <input type="checkbox"/> PB & Banana \$8 <input type="checkbox"/> Pumpkin \$8 <input type="checkbox"/> Chicken, Veg., Potato \$10 Dates:		<input type="checkbox"/> Fido's Feast <input type="checkbox"/> Beefy Bowls <input type="checkbox"/> Small \$4 <input type="checkbox"/> Large \$6 <input type="checkbox"/> Daily <input type="checkbox"/> Every Other Day Dates:	
				Chew Treats Y/N <input type="checkbox"/> Bully Stick \$4/6 <input type="checkbox"/> Trachea \$3/4 <input type="checkbox"/> Yak Cheese \$1 <input type="checkbox"/> Bully Snap \$1 <input type="checkbox"/> Daily <input type="checkbox"/> Every Other Day Dates:	
				Weekly Treats \$6.95 <input type="checkbox"/> Daily <input type="checkbox"/> Every Other Day Dates:	
Misc					
<input type="checkbox"/> Early Drop Off		<input type="checkbox"/> Un-bagged Food Qty:		<input type="checkbox"/> DD Kibble Qty:	
				<input type="checkbox"/> Upgraded Bedding	

**Please make sure to provide us with an accurate pick-up time, to ensure your pup is ready.*



Emergency Contact Form

In case of an illness or emergency when you are away, Downtown Dogs requires that you have at least two local emergency contacts if you will not be local. These emergency contacts are authorized to pick up your dog and care for him if needed. You will be asked to update this form every time your dog stays with us.

Name: _____

Dog's Name: _____

Phone number where you can be reached: _____

Emergency Contact #1

Name: _____

Phone: _____

Alternate Phone: _____

Emergency Contact #2

Name: _____

Phone: _____

Alternate Phone: _____

If Downtown Dogs cannot reach me and my dog requires veterinary attention, I authorize DT Dogs LLC, its agents or employees to transport my dog to a veterinary hospital. I authorize a licensed veterinarian to administer treatments and/or perform procedures that are considered necessary. However, the cost of such services shall not exceed \$_____. Further, I agree to assume full financial responsibility up to the amount I have specified and a transportation fee of \$25 will be applied.

Signature

Date



Medication Instructions

Owner's name: _____

Dog's Name: _____

Owner's Signature: _____

Date: _____

Is your dog allergic to any food (human or pet)? Yes No

Yes If yes, what? _____

MEDICATION #1	Name:		Pill / Med count:	
For what condition is your dog being treated for?				
Is there any special way you give your dog medication?				
Verify type of medication	<input type="radio"/> Ointment <input type="radio"/> Oral <input type="radio"/> Other		Specify:	
Is this medication to be administered regularly or on an "as needed" basis?	<input type="radio"/> Regularly Scheduled <input type="radio"/> AM Amount: <input type="radio"/> Noon Amount: <input type="radio"/> PM Amount:			
	As Needed		If you selected "As Needed", please specify the maximum daily dosage/frequency:	

MEDICATION #2	Name:		Pill / Med count:	
For what condition is your dog being treated for?				
Is there any special way you give your dog medication?				
Verify type of medication	<input type="radio"/> Ointment <input type="radio"/> Oral <input type="radio"/> Other		Specify:	
Is this medication to be administered regularly or on an "as needed" basis?	<input type="radio"/> Regularly Scheduled <input type="radio"/> AM Amount: <input type="radio"/> Noon Amount: <input type="radio"/> PM Amount:			
	As Needed		If you selected "As Needed", please specify the maximum daily dosage/ frequency:	

MEDICATION #3	Name:		Pill / Med count:	
For what condition is your dog being treated for?				
Is there any special way you give your dog medication?				
Verify type of medication	<input type="radio"/> Ointment <input type="radio"/> Oral <input type="radio"/> Other		Specify:	
Is this medication to be administered regularly or on an "as needed" basis?	<input type="radio"/> Regularly Scheduled AM Amount: <input type="radio"/> AM Amount: Noon Amount: <input type="radio"/> Noon Amount: <input type="radio"/> PM Amount:			
	As Needed		If you selected "As Needed", please specify the maximum daily dosage/ frequency:	



Feeding Instructions

Dogs Name: _____

Does your food need refrigeration? Yes No

We have 3 feeding times per day, when would you like your dog fed?

AM

Midday

PM

Please list any special feeding instructions:

Please Note: If your dog refuses to eat for more than 24 hours, we will encourage eating by adding a small amount of either chicken broth or premium canned dog food. If your dog cannot safely have either of these items, please inform staff at check-in.

Did you bring extra treats for your dog? Yes No

When should we give them? AM Midday PM

Does your dog have any food allergies? Yes No

What is your dog allergic to? _____

Can your dog have a naptime frozen peanut butter/yogurt treat? Yes No

Can your dog have Downtown Dogs kibble as treat rewards? Yes No*

*If No, please provide extra kibble for us to use at treat rewards

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Downtown Dogs

Dog Walking Form

Name: _____

Dog(s) Name: _____

Please answer the following questions:

How does your dog react when he sees people/children while on leash?

Does your dog react to any noises (motorcycles, trucks, skateboards) while on leash?

How does your dog react to seeing other dogs while on leash?

Does your dog like to chase squirrels, birds, joggers, bicycles while on leash? YES NO

Has your dog ever barked, snapped, bitten or lunged at a person while on leash? YES NO

Has your dog ever barked, snapped, bitten or lunged at a bike, skateboarder or other moving vehicle while on leash?
 YES NO

I understand there are many possible risks (stray dogs, vehicles, strangers, etc.) associated with my dog walking in public spaces. I agree that DT Dogs LLC, shall not be liable for any injuries or illnesses my dog may experience resulting from my dog's participation. I expressly waive and relinquish any and all claims against DT Dogs LLC, its employees and representatives, except those arising from gross negligence on the part of DT Dogs LLC. If my dog(s) displays any behaviors deemed aggressive by DT Dogs LLC, making it difficult for them to be walked safely, DT Dogs LLC will discontinue walks and I will be notified. I understand for my dog's safety and control, Downtown Dogs requires that all dogs walking in public spaces must wear an Easy-walk harness at all times. I understand that DT Dogs LLC may cancel scheduled walks due to inclement weather. I acknowledge I am responsible for any medical expenses and/or damages resulting in injury or damage to personal property of Downtown Dogs employees, other persons, or animals caused by my dog(s). DT Dogs LLC reserves the right to refuse service at any time, for any reason. I attest that all of the above information is true to the best of my knowledge. If anything changes from what is listed, I will inform DT Dogs LLC, immediately.

Signature

Date